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TECHNOLOGY OF LOGOPEDIC EXAMINATION AND FLUID SPEECH FOR CHILDREN

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ABSTRACT

The article identifies the process of speech therapy for stuttering children's speech: the causes of stuttering, collection of anamnesis of children with stuttering speech defects, comprehensive examination of various aspects of speech, identification of the mechanism of developmental disorders and levels of stuttering using speech therapy-corrective technologies. Through this examination, the problems of speech defects in children in a timely manner were considered, and the purpose of the article was to reveal the concepts of stuttering, their comprehensive examination and methods of overcoming stuttering.

Keywords: speech, child, speech defects, stuttering, anamnesis, examination, upbringing, speech therapist-correction-development, complex, degree, high, medium, low, decisions, methodologies, training, medical, psychological, technology, result.

1. INTRODUCTION

Decree of the President of the Republic of Uzbekistan Sh.M.Mirziyoev PF 4947 "On the Action Strategy for further development of the Republic of Uzbekistan" for 2017-2021, December 29, 2016 "On measures to further improve the system of preschool education in 2017-2021" Resolution No. PQ-2707 of September 9, 2017 "On measures to radically improve the system of preschool education" No. PQ-3261, "On measures to further develop the activities of non-governmental educational services" No. PQ-3276, "Preschool education We hope that this article will contribute to the further improvement of this system and the implementation of the tasks set out in other relevant regulations, "said PF-5198" On measures to radically improve the management of the system. "Issues of upbringing and education of children with disabilities play an important role in the education system. Thanks to the organization of correctional education, treatment and social adaptation and rehabilitation, such individuals become active participants in socially useful work, as a result of which they are not left without social neglect. The expansion and stratification of the system of special institutions for children with developmental disabilities in Uzbekistan necessitates the provision of special schools with highly qualified teachers-defectologists. In the system of preschool education, the network of special preschools is gradually expanding, a number of scientific and pedagogical institutions for the social protection of children with disabilities and developmental delays have been created and are being created.

Education in preschool institutions - the correct development of speech is of great importance for the active participation of every child in the affairs of society as a comprehensively formed person in accordance with the requirements of the times. Because speech is a tool of interpersonal communication, national wealth and education is a powerful tool for education and creativity. Therefore, everyone should be taught to master the speech, to fully express their opinion. The child learns to pronounce sounds and words correctly by imitating adults. This means that parents and educators need to pay attention to the correct pronunciation of sounds in children and in time to prevent the shortcomings and deficiencies that they encounter in speech.

In general, most preschoolers and school-age children have clear and accurate speech. But despite this, there are also children with speech defects among them. It is children who stutter from those with speech impediments.

Stuttering is a disorder of the speed of speech as a result of the contraction of the muscles of the speech apparatus.

The problem of stuttering can be considered one of the oldest in the history of the development of the doctrine of speech disorders. Different interpretations of its essence are related to the development of science and the extent to which the authors have approached and are approaching such speech disorders. Much work has been done to eliminate stuttering in Russian children of preschool age. (G.A.Volkova, L.P.Uspenskaya, E.F.Rau, N.A.Chevelyova, V.I.Selevorstov, S.A.Mironova and others).

Muminova L.R. for the first time in Uzbekistan on "Elimination of stuttering in schools and adults." defended his Ph.D. The work on the elimination of stuttering in Uzbek children "Elimination of stuttering in preschool children through play" Pulatova S. defended his master's dissertation for the first time.

To date, the elimination of special speech deficiencies in kindergartens, the number of stuttering children of preschool age is increasing year by year, and the absence of methodological abiodies, ie programs, developments, methodological recommendations and manuals in groups opened for special stuttering children proves the relevance and lack of this topic.

2. MATERIALS AND METHODS

Examination of the smoker is carried out in a complex way (speech therapist, neuropathologist, psychologist) with the involvement of other specialists, pediatricians, otolaryngologists and others, as needed.

The content of the examination is an amnestic data. The study of pedagogical psychological and medical documentation also includes self-examination of the stutterer.

In conversations with parents, we identified the most important events that took place in the family and, in this regard, identified the general, motor and speech development characteristics of the child.

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The main aspects of the period of childbirth: the age of the mother at birth (35 years or older), mental health, diseases of the father or mother, the course of pregnancy are assessed. Information about the health of the father and mother before the birth of the child allows to identify deviations in his physical and mental state. Identifying adverse factors in a child's development in the mother's womb can help determine their negative impact on the child's subsequent development of speech.

The purpose of the examination is to gain a full understanding of the child's psycho-physical development and speech capabilities. It consists of anamnestic data and of course a speech check.

- 1. The speech therapist works on the following points:
- 2. parental health.
- 3. the general development of the child until stuttering occurs.
- 4. speech development.
- 5. features of raising a child in the family.
- 6. speech of others.
- 7. when the stuttering occurred.
- 8. what other speech defects there were during this period.
- 9. features when stuttering occurs and the accompanying disturbances were observed. whether they sought first aid.

We talk to parents about child development and the history of stuttering. First of all, are the parents healthy: no relatives in the family, suffering from alcoholism, no venereal diseases?

Then it is determined about the child's speech development: Information about the child's speech development during the conversation with parents: initial sounds, loud voice, gu-gulash, first words, when the phrase appeared, what speech rate to use, those who had special features during communication (stuttering or not stuttering, fast talking, not talking to the child's parents or loved ones). Great attention is paid to the upbringing of the child in the family: the attitude of adults to him (pampering or excessive risk, corporal punishment, intimidation); assisting the child in the correct formation of speech (whether there is a violation of the norm in the teaching of complex texts, or, conversely, the complete lack of control over his correct pronunciation of sounds, grammatically correct speech, etc.).

When did the stuttering appear, did its first signs appear? What does it look like? What are the reasons for this? What other speech defects were observed during this period: in the pronunciation of sounds, its vocabulary and the grammatical structure of sentences, sound, breathing, tempo of speech. Parents paid attention to how the child developed stuttering, what features appeared when it appeared: whether there was a violation of involuntary movements (pulling, knocking with hands, feet, dizziness, etc.) or speech defects (excessive words, sounds, distinct sounds when breathing and saying words, etc.)? How does the child react to his or her speech impediment (pays attention, doesn't pay attention, doesn't matter, worries, is embarrassed, hides, is afraid to speak, etc.)? Did the parents ask for help: where, when, what recommendations did they give, what were the results? The child's initiative, movements, imitation, slurred and fast speech, play, production activities, personal characteristics of the stutterer are checked. Once information about the child, including the history of the onset and passage of stuttering, is identified, nonverbal processes that directly affect the stutterer's speech and his or her speech activity are examined. Speech testing requires us to know the speech capabilities of the child, the stored aspect of the speech, and the choice of speech exercises aimed at that. To check children's speech, pictures, poems, fairy tales are used, various toys (cars, dolls, animals, building materials, cubes, dominoes, etc.) are selected. Specific tasks in speech testing include identifying:

- Forms;
- the rate at which they appear and the speech capabilities of the stutterer;
- disorders that accompany speech disorders;
- movement disorders that accompany speech disorders;
- the attitude of the stutterer to his speech defect, the presence of mental characteristics;

Areas of occurrence of contractions (breathing, vocal, articulatory, mixed) and their forms (clonic, tonic, mixed) are determined by sight and hearing. Depending on the results obtained, individual speech-oriented speech exercises are selected. To check children's speech, pictures, poems, fairy tales are used, various toys (cars, dolls, animals, building materials, cubes, dominoes, etc.) are selected.

During 2017-2019, 800 children with speech defects applied to the LOGOS Center for Educational Correction, of which 385 children underwent speech therapy and 385 children with various types of speech defects participated in speech therapy classes. Of these, the number of stuttering children was 135 / (35%). Speech therapy sessions were conducted with 87 of the 135 stuttering children who underwent the examination. In summary, during the speech therapy examination and during the speech therapy session, we used neuropsychological and binaural alpha-rhythm, Denas therapy, acupressure, and osteopathic correction technologies with speech therapy methods.

3. DISCUSSION

Thus, after answering the above questions, it is possible to discuss the causes and some symptoms of stuttering. Such an appearance often results in stuttering as a result of improper use of pedagogical techniques in the upbringing of the child: pampering, memorization of complex works, failure to assist in speech

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development, adults have a dangerous relationship with the child. The change in the environment in a child's environment, the right attitude to stuttering speech of close people or peers - this is definitely a way to eliminate stigma and warn. Gathering accurate information about the main course of stuttering will help the child to choose the main types of medical and pedagogical effects. For example, when it comes to motor disorders, of course we stop at movement exercises, we can even get therapeutic exercise cycle cycles. When it comes with speech disorders, of course, we get additional exercises, using special methods to teach the child to correct sound deficiencies, vocabulary deficiencies, grammatically correct formation of words. Once information about the child, including the history of the onset and passage of the stuttering, is identified, technologies are used that directly affect the stutterer's speech and his or her speech activity. Specific tasks in speech testing include identifying:

- the place and forms of the emergence of speech organs;
- the rate at which they appear and the speech capabilities of the stutterer;
- disorders that accompany speech disorders;
- movement disorders that accompany speech disorders;
- the attitude of the stutterer to his speech defect, the presence of mental characteristics;

Areas of occurrence of contractions (breathing, vocal, articulatory, mixed) and their forms (clonic, tonic, mixed) are determined by sight and hearing. Depending on the results, speech therapy classes were conducted 3 times a week on the basis of a special medical-pedagogical-psychological approach.

4. CONCLUSION

In conclusion, it should be noted that the speech therapy examination of children with stuttering speech defects and the orientation of the complex correction-speech therapy effect in the correct development of various aspects of speech gave a good effective, rational, result. Based on the results of this study, the methods of foreign and national scientists (Akimnko VM, Volkova GA, Muminova L.R., Selivyorstov V. I.) and the use of new technologies in speech therapy, correction and development work with children results were obtained: high (i.e., fluent, at a moderate rate, without seizures, good speech) -54%, medium (i.e., fluent, at a moderate rate, without seizures, with good speech, but in unfamiliar, difficult situations, stuttering may occur) - 42 %, low level (stuttering in the child is not eliminated by the end) -4%. formed.

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